

Best Available Copy

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		6	9-14-06
FORMALITY REVIEW			9-8-07
RESPONSE FORMALITY REVIEW	<i>[Signature]</i>		

INDEX OF CLAIMS

- ✓

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Rejected
- =

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Allowed
- (Through numeral).....

Canceled
- +

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Restricted
- N

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Non-elected
- I

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Interference
- A

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Appeal
- O

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Objected

Claim	Final	Original	Date
1	✓	12	
2	✓	14	
3	✓	15	
4	✓	16	
5	✓	17	
6	✓	18	
7	✓	19	
8	✓	20	
9	✓	21	
10	✓	22	
11	✓	23	
12	✓	24	
13	✓	25	
14	✓	26	
15	✓	27	
16	✓	28	
17	✓	29	
18	✓	30	
19	✓	31	
20	✓	32	
21	✓	33	
22	✓	34	
23	✓	35	
24	✓	36	
25	✓	37	
26	✓	38	
27	✓	39	
28	✓	40	
29	✓	41	
30	✓	42	
31	✓	43	
32	✓	44	
33	✓	45	
34	✓	46	
35	✓	47	
36	✓	48	
37	✓	49	
38	✓	50	

Claim	Final	Original	Date
1	✓	51	
2	✓	52	
3	✓	53	
4	✓	54	
5	✓	55	
6	✓	56	
7	✓	57	
8	✓	58	
9	✓	59	
10	✓	60	
11	✓	61	
12	✓	62	
13	✓	63	
14	✓	64	
15	✓	65	
16	✓	66	
17	✓	67	
18	✓	68	
19	✓	69	
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28	✓	78	
29	✓	79	
30	✓	80	
31	✓	81	
32	✓	82	
33	✓	83	
34	✓	84	
35	✓	85	
36	✓	86	
37	✓	87	
38	✓	88	
39	✓	89	
40	✓	90	
41	✓	91	
42	✓	92	
43	✓	93	
44	✓	94	
45	✓	95	
46	✓	96	
47	✓	97	
48	✓	98	
49	✓	99	
50	✓	100	

Claim	Final	Original	Date
101			
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103			
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If more than 150 claims or 10 actions
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